

Appendix T

Community Behavioral Health Services Program Covered Diagnoses and Procedures

The Community Behavioral Health Services Program is a capitated program in which contracted Regional Accountable Entities (RAEs) provide or arrange for mental health and substance use disorder (SUD) services to enrolled members.

The following instructions and information are guidelines only. For detailed Mental Health Program billing information, including emergency care and non-covered benefits, providers should refer to Community Mental Health Services Program (Mental Health Program) in the [CMS 1500 Specialty Billing Information](#) manual of the [Billing Manuals](#) section.

Providers must contact the RAE prior to providing services. With the exception of emergency care and Medicare services provided to dually eligible members, a provider must be enrolled (credentialed) into the RAE network in order to bill the RAE for mental health and SUD services delivered to Medicaid members with RAE-covered diagnoses.

Please reference the [Uniform Service Coding Standards Manual](#) for all covered procedure codes.

Effective January 1, 2014, add-on codes may be used to indicate a mental health service covered by the RAE. The above list of covered procedure codes indicates the procedure codes that are covered under the RAE contract. The below list of evaluation and management codes are covered by the RAE when they are billed in conjunction with a psychotherapy add-on from the above list, or when used for the purpose of medication management with minimal psychotherapy provided by a prescriber from the RAE network.

837I (UB-04) Instructions

If the principal diagnosis is not a RAE-covered diagnosis, then bill either the Managed Care Organization (MCO) or Medicaid Fee-For-Service (FFS), depending on the member's enrollment. **If the principal diagnosis is a RAE-covered mental health diagnosis, bill the appropriate RAE based on the member's enrollment.** SUD diagnosis codes billed on a UB-04 are not covered by the RAE. Provider should bill using the most appropriate Medicaid covered revenue code from the list of revenue codes located in Appendix Q – Revenue Codes in the Appendices section under Billing Manuals on the Department of Health Care Policy and Financing website.

837P (CMS 1500) Instructions

If providing a service where both the primary diagnosis and the procedure for mental health and SUD are in this appendix, bill the appropriate RAE based on the member's enrollment. If providing a service where either the primary diagnosis or the procedure is not in this appendix, bill either the MCO or FFS depending on the member's enrollment. Special Connection claims should continue to be billed to FFS.

Claim Type	RAE-Covered Principal/Primary Diagnosis		RAE Covered Procedure	Non-RAE-Covered Principal/Primary Diagnosis	Non-RAE-Covered Procedure	Send Bill to:
	MH	SUD				
837I (UB-04) (Hospitals)	X					RAE
837I (UB-04) (Hospitals)		X				FFS
837I (UB-04) (Hospitals)				X		FFS or MCO*
837P (CMS 1500)	X		X			RAE
837P (CMS 1500)		X	X			RAE
837P (CMS 1500)	X				X	FFS or MCO*
837P (CMS 1500)		X			X	FFS
837P (CMS 1500)			X	X		FFS or MCO*
837P (CMS 1500)				X	X	FFS or MCO*

* If a member is enrolled with an MCO, the MCO must be billed accordingly. FFS is billed when a member is not enrolled with an MCO.

Evaluation & Management (E&M) Codes

If a BH Specialty Provider Type bills any E&M code where the RAE enrolled member's primary diagnosis is either Mental Health or Substance Abuse, the provider must bill the RAE. However, if any other provider type bills an E&M code, or if the primary diagnosis is not covered by the RAE, the provider must bill the MCO or FFS, if the member is not enrolled with an MCO. Exceptions to this are outlined below.

E&M Consultation Codes

For the following E&M Consultation codes, a RAE Specialty Provider Type bills the RAE. All other providers, including primary care, FQHCs, and RHCs, must bill FFS. Consultation codes are paid for regardless of diagnosis.

E&M Consultation Code Range

Start Value	End Value
99241	99245
99251	99255

E&M Emergency Department Codes

For the following E&M Emergency Department Codes, all providers bill the RAE for a covered behavioral health diagnosis.

E&M Emergency Department Code Range

Start Value	End Value
99281	99285

BH Specialty Provider Types

Provider Type (PT)	Specialty Type	Provider Type Description
35	360	CMHC
37	520	Psychologist- Doctorate
38	521	Psychologist- Master's (includes LCSW, LPC, and LMFT)
64	477	SUD Clinics
63	399	SUD Individual

Covered Mental Health Diagnosis Codes (ICD-10)

Start Value	End Value
F20.0	F42.3
F42.8	F48.1
F48.9	F51.03
F51.09	F51.12
F51.19	F51.9
F60.0	F63.9
F68.10	F69
F90.0	F99
R45.1	R45.2
R45.5	R45.82

Covered SUD Diagnosis Codes (ICD-10)

Start Value	End Value
F10.10	F10.26
F10.28	F10.96
F10.98	F13.26
F13.28	F13.96
F13.98	F18.159
F18.18	F18.259
F18.28	F18.959
F18.980	F19.16
F19.18	F19.26
F19.28	F19.99

Appendix T Revisions Log

Revision Date	Change Description	Pages	Made by
<i>12/01/2016</i>	<i>Updated for new Fiscal Agent</i>	<i>All</i>	<i>HPE (now DXC)</i>
<i>12/27/2016</i>	<i>Updated based on the Colorado iC Stage II Provider Billing Manual Comment Log v0_2.xlsx</i>	<i>4</i>	<i>HPE (now DXC)</i>
<i>1/10/2017</i>	<i>Updates based on Colorado iC Stage II Provider Billing Manual Comment Log v0_3.xlsx</i>	<i>1</i>	<i>HPE (now DXC)</i>
<i>1/26/2017</i>	<i>Updates based on Department 1/20/2017 approval email</i>	<i>Accepted tracked changes throughout</i>	<i>HPE (now DXC)</i>
<i>5/22/2017</i>	<i>Updates based on Fiscal Agent name change from HPE to DXC</i>	<i>4</i>	<i>DXC</i>
<i>2/9/2018</i>	<i>Updated based on United Services Coding Manual</i>	<i>All</i>	<i>HCPF</i>
<i>6/25/2018</i>	<i>Replaced BHO with RAE</i>	<i>1,2</i>	<i>HCPF</i>
<i>6/28/2018</i>	<i>Minor grammatical edits, spelling edits</i>	<i>Throughout</i>	<i>HCPF</i>

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur.